

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 28898

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>2951</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>4000</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS CO.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>35 TOWN UNIVERSITY CITY, 4356</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1220 WALDRON AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>1220 WALDRON AVE., 0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HELEN</u>		b. (Middle) <u>CRILLY</u>		c. (Last) <u>WALKER</u>	
4. DATE OF DEATH		(Month) <u>AUG.</u>		(Day) <u>19.</u>		(Year) <u>1951.</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 21, 1888.</u>		9. AGE (In years last birthday) <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JAMES CRILLY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY O'HERN</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES C. WALKER DEC.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>THOMAS CRILLY, 1220 WALDRON AVE.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Left Colon</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>153X</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo?</u>			
19a. DATE OF OPERATION <u>May 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>51</u> , to <u>Aug 19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 18</u> , 19 <u>51</u> , and that death occurred at <u>8:00 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas M. Martin MD</u>				23b. ADDRESS <u>634 No Grand</u>		23c. DATE SIGNED <u>Aug 20 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>AUG. 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>TOLEDO, OHIO</u>	
DATE REC'D BY LOCAL REG. <u>8-21-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Somke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. CLARK</u>		ADDRESS <u>1125 Hodiamont Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Thomas M. Martin,
MO. Tre. Bldg.,
JE. 6633.

2 30 / 5 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.